



## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission \_\_\_\_\_ Attorney Docket Number 033082R167

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Three-Month Extension of Time <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Marked-Up Substitute Specification Clean Copy of Substitute Specification Check in the amount of \$1,050.00
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Smith, Gambrell & Russell		
Signature			
Printed Name	Dennis C. Rodgers		
Date	December 14, 2007	Reg. No.	32,936

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name		Date	

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# FEE TRANSMITTAL for FY 2006

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT **\$ 1,050.00**

Complete if Known

Application Number **10/635,651**Filing Date **August 7, 2003**First Named Inventor **Taro IKEDA**Examiner Name **Luz L. Alejandro Mula**Art Unit **1763**Attorney Docket No. **033082R167**

DEC 14 2007

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U.S. PATENT &amp; TRADEMARK OFFICE

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
Order
 Deposit Account:Deposit  
Account  
Number**02 - 4300**Deposit  
Account  
Name**SMITH, GAMBRELL & RUSSELL**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	790	395
1002	2002	350	175
1003	2003	550	275
1004	2004	790	395
1005	2005	160	80

SUBTOTAL (1) **- 0 -**

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
			-20 **	= 2	X 50. = 0
			3	= 0	X 200. = 0
					X 300 = 0

SUBTOTAL (2) **- 0 -**

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	120	60
1252	2252	450	225
1253	2253	1,020	510
1254	2254	1,590	795
1255	2255	2,160	1,080
1401	2401	500	250
1402	2402	340	170
1403	2403	300	150
1451	1451	1,510	1,510
1452	2452	110	55
1453	2453	1,370	685
1501	2501	1,370	685
1502	2502	490	245
1503	2503	660	330
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	790	395
1810	2810	790	395
1801	2801	790	395
1802	1802	900	900

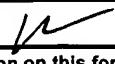
Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **\$1,050.00**

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Dennis C. Rodgers	Registration No. (Attorney/Agent)	32,936	Telephone	202 263 4300
Signature				Date	December 14, 2006

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